COUNTY OF LOS ANGELES

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DEPARTMENT OF MENTAL HEALTH

http://dmh.lacounty.gov

Reply To: (213) 738-4601 Fax: (213) 386-1297

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA $90020\,$

May 23, 2012

TO:

Each Supervisor

FROM:

Marvin J. Southard, D.S.W.

Director

SUBJECT:

GRANT MANAGEMENT STATEMENT FOR SUBSTANCE ABUSE AND

MENTAL HEALTH SERVICES ADMINISTRATION CHILD MENTAL

HEALTH INITIATIVE - PROJECT ABC FAMILY WELLNESS NETWORK

FOR COUNTY FISCAL YEAR 2012-13

Enclosed is the Grant Management Statement for the Substance Abuse and Mental Health Services Administration (SAMHSA) Award for the Child Mental Health Initiative (CMHI) - Project ABC Family Wellness Network for Federal Fiscal Year 2012-13. The Federal Fiscal Year Allocation is \$2,000,000, and the Department of Mental Health Fiscal Year Allocation is \$1,875,000. This award is renewable for up to three years and is subject to the availability of funds and satisfactory progress of the program.

The purpose of the SAMHSA CMHI grant is to develop integrated home and community-based services and support for children and youth with serious emotional disturbances and their families by encouraging the development and expansion of effective and enduring systems of care.

If you have any questions, please contact me, or your staff may contact Richard Kushi, Contracts Development and Administration Division, at (213) 738-4684.

MJS:MM:RK:mm

Enclosure

c: Executive Officer, Board of Supervisors

Chief Executive Officer

County Counsel Robin Kay, Ph.D.

Margo Morales

Willam Arroyo, M.D.

Cathy Warner Kimberly Nall

Richard Kushi

Youngsook Kim-Sasaki

Los Angeles County Chief Executive Office Grant Management Statement for Grants \$100,000 or More

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Department: Mental Health	1							
Grant Project Title and De (SAMHSA) Child Mental H	lealth Initiative (CMHI)) Grant – P	Project AB	C Fami	ly Well	lness Netw	vork	
The purpose of CMHI grants								
children and youth with serio	ous emotional disturbanc	ces and their						
expansion of effective and en	during systems of care.							
	1					ptance Deadline		
Funding Agency	SAMHSA Grant No. 1U79 SM059940-03 acceptance. 1				ation of Grant Deadline not			
SAMHSA								
and have a stable A to a commonwhale such a set to the set of a stable s	applicable.							
Total Amount of Grant F	unding: \$2,000,000 Fee	deral FY	County 1	Match:	N/A			
2012/13	•	•						
(\$1,875,000 County FY 20					1 100 7	S. or	***************************************	
					Pate: 06/30/2013			
Number of Personnel Hired Under This Grant: Full Time: 2 FTE Part T					Part Ti	ime: N/A		
<u>Obli</u>	gations Imposed on th	e County V	Vhen the (Grant I	Expires			
Will all personnel hired for this program be informed this is a grant-funded program?					Yes X	No		
Will all personnel hired for this program be placed on temporary ("N") items?						Yes X	No	
Is the County obligated to continue this program after the grant expires?					Yes	No_X_		
If the County is not obligated to continue this program after the grant expires, the Department will:								
a.) Absorb the program cost without reducing other services						Yes	No X	
b.) Identify other revenue sources (describe below)								
The Department will explore all sources of potential or new funding if there are no existing funds available.						Yes_X_	No	
Tunus avanavie.								
c.) Eliminate or reduce, as appropriate, positions/program costs funded by the grant.						Yes_X_	No	
Impact of additional per	sonnel on existing spa	ce:						
Two FTE's are housed at	existing facility.							
Other requirements not								
o their requirements not	michigares aport,		/	7				
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Department Head	Signature:	$n_{\mathcal{L}}$						
Date: 5/24/20	12							
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